



**Kentucky HIV/AIDS Planning and Advisory Council**  
**The Clifton Center, Louisville KY**

**Tuesday, May 25, 2010**

**9:30 – 4:00 p.m.**

**TENTATIVE AGENDA**

**9:30 am**      **Welcome and Call Meeting to Order**  
David Clark, State Co-Chair and Gary Fowler Community Co-Chair  
**Roll Call**  
Kambe Mwale-Lattimore, KHPAC Administrator

**\*REMEMBERING Michael Hacker\***

**9:40 am**      **KHPAC Updates –**  
**Action Item: Approval of Minutes from March 16**  
David Clark

**Executive Committee Updates**

- Community Co-Chair – Gary Fowler
- Chair – Care and Prevention Committee – Amanda Beck-Myers
- Chair – Policy and Promotion Committee – Lesi Nelson
- Member at Large – Mark Royse
- Member at Large – Deonna Williams

**HIV/AIDS Branch Updates /Other Business**

- HRSA Supplemental Grant Application- FYI
- USCA- 2 and HPLS -2(4 max) and State Conference Attendance (6)
- Position/Vacancy updates – Prevention (June 1) and Services (June interviews)
- RFP – Prevention/Services review in June. New Contractors by July.
- Bill boards – KHPAC subcommittee – to work on crafting message

**10:15**      **Security and Confidentiality – Briefing and Signing forms**  
Medina Tipton – Surveillance Coordinator

**10:30 am**      **Target Population Prioritization**

**12:30 pm**      **\*LUNCH\* (Sub committees or EC can meet thru lunch if they chose)**

**1:15 pm**      **Target Population Prioritization - continued**

**4:00 pm**      **\*ADJOURN\***

**Directions to the Clifton Center:** <http://www.cliftoncenter.org/directions/>

<b>Care and Prevention Committee</b>	<b>Policy and Promotion Committee</b>
Amanda Beck-Myers – Chair	Lesi Nelson – Chair
Bruce Mullan	Bobby Edelen
Michael Hacker	Mark Royse
Mary Lynn Philbeck	Deborah Wade
Carmen Telon	Deonna Williams
Michael Wagner	Sandy Kelly
Terry Stallions	Theresa Mayfield
Courtney Wheeler	Paul Clere
	Tim McAdoo

# **KHPAC Prioritization Tool: Selecting Target Populations and Setting Priorities Using Factors, Rates and Weights**

## **Part One: Selecting Target Populations**

In Part One, you will select target populations, defined as those at risk of transmitting or being infected by HIV/AIDS. You will then prioritize these populations in Part Two of the prioritization process.

*Note: There is a key on the last page of this Tool that explains all acronyms used, as well as some that may come up in discussion.*

### **I. Step One: List target populations from last round of prioritizing.**

Begin with the list of target populations, also known as Behavioral Risk Groups (BRGs), that KHPAC selected for the last round of prioritizing. List them here in any order, adding more lines if needed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

### **II. Step Two: Define current list of BRGs based on current data.**

Now it is time to look at the BRGs that were selected last time around, and determine if this list is still inclusive of all populations that are most at risk, or if the list needs to be updated in light of current data. Some very helpful questions to ask are:

"What populations are at risk for HIV/AIDS?"  
"What are the behaviors that put an individual at risk?"

In order to determine this year's list of target populations, you will need to review the Epidemiologic Profile and a comprehensive community services assessment to determine which BRGs to include in your list of target populations.

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Some suggestions when reviewing the data:

- 1) Keep in mind that all target populations selected need to have sufficient data available about them in order to be prioritized.
- 2) If there are populations for which there is not much data, but KHPAC is concerned about that group being at risk of transmission of/infection by HIV/AIDS, note these populations. You may want to include them as "Special Populations," which is explained in one of the steps of the prioritization process below.
- 3) Raw numbers are being provided as data. It is important to consider rates, instead of raw numbers, when selecting target populations, as this will let you compare populations to each other and determine, later in this process, which groups are at higher risk than others. KHPAC has used BRGs as target populations in the past, therefore we have no way of determining rates due to lack of population data among these populations.
- 4) When selecting target populations, it is important to keep in mind that 39% of HIV cases diagnosed in 2008 in Kentucky have an undetermined BRG. Two ideas here are 1) to see what is known about these cases – can any of them be considered an ethnic, geographic, or some other subpopulation that can be included in the prioritization process? And 2) KHPAC may want to consider, as some other states have done, moving away from the BRG model over the long term, and finding another way of defining target populations that may be more inclusive of those cases whose BRG is unknown.

Once you have reviewed the data, and defined your list of current target populations, write them below in any order.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

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## **Part Two: Prioritizing Populations**

*Note: See Attachment A for written and graphic overview of this entire Prioritization Process.*

- I. Step One: as a group, determine up to 5 guidelines for selecting factors and list these guidelines below. Post them on a flipchart page so they are visible to everyone.** (see Attachment B for guideline examples)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- II. Step Two: Review the Epi and CSA data provided.**

- III. Step Three: List all possible factors based on the Epi and CSA data provided.**

*Note: Remember that factors must be based on BOTH the Epi Profile and the assessment, and there must be sufficient data for every target population to be ranked on every factor. Special populations do not go through this same process, and therefore there does not need to be enough data to rank them with the other populations. (see Attachment C for list of sample factors)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

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**IV. Step Four: Determine how many factors KHPAC will select for prioritizing your target populations.**

*Note: You may want to consider that the more factors you have, the longer the process will take. This is not to say that fewer is better – KHPAC needs to determine what would be the most effective and efficient number of factors to choose based on how many target populations there are and what number of factors would best help prioritize the target populations using all available and relevant data. Some CPGs use as few as 4 or 5 factors, and others use closer to 10.*

**Number of factors:** \_\_\_\_\_

**V. Step Five: From the list in Step Five above, and following your guidelines and the number of factors KHPAC chose to select in step IV, select the factors your CPG will use for prioritization. Add more lines if needed.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**VI. Step Six: Special Populations**

Based on the data provided and the factors you have selected, are there any "Special Populations" you would include, in addition to the target populations already listed? These are populations that are deemed to be at risk, but for which there is insufficient data to prioritize them using the factors selected. Instead of being prioritized, they may be included in prioritization and funding recommendations in various ways. These populations will not go through the rating, weighting and scoring section of the prioritization process, but will be included in the final ranking of populations.

Special populations:

1. \_\_\_\_\_
2. \_\_\_\_\_

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## VII. Step Seven: Weighting Factors

Now you are ready to begin the ranking process. First, assign each factor a weight, relative to other factors. Those with heavier weights are more significant indicators of HIV risk. **For example** (this example is not based on actual Kentucky data):

Factor	Weight
Incidence (new cases of HIV)	3
Riskiness of population behavior	1
Prevalence (existing cases of HIV)	2

Assign a weight to each factor the group has selected in Step Six above.

Factor	Weight
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

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## VIII. Step Eight: Ranking Factors

Factors are assigned a rank or number of points, for each population. In this tool, a higher rank means that *based on the data from the Epi profile and CSA*, that factor is present more often in one given target population than in another target population. The latter is therefore assigned a lower rank – the factor in the latter population has a lower rank than the same factor in the former population.

Another way of looking at this is that factors that exist to a greater extent in certain populations, *based on information provided in the data*, are assigned more points for that population, and fewer points are assigned to the same factors for populations in which the factor is less common.

Now, as a group, you will assign a number of points (or rank) for each selected factor from Step Six. If this table does not accommodate all of your target populations and selected factors, create a larger table. Populations will be listed down the first column, and factors listed across the first row.

	<b><i>Factor A</i></b>	<b><i>Factor B</i></b>	<b><i>Factor C</i></b>	<b><i>Factor D</i></b>	<b><i>Total Score</i></b>
<b><i>Population 1</i></b>					
<b><i>Population 2</i></b>					
<b><i>Population 3</i></b>					
<b><i>Population 4</i></b>					
<b><i>Etc.</i></b>					

### VIII A.

**Establishing a scale:**

**Refer to PowerPoint –**



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## IX. Step Nine: Scoring Target Populations

For the final scoring, the weight is multiplied by the rank for each factor and each population. Then all scores for each population (in each row) are added up. For example:

<b>Population</b>	<b>Incidence (3)</b>	<b>Prevalence (2)</b>	<b>Syphilis (1)</b>	<b>Total Score</b>
<b>MSM</b>	$3 \times 5 = 15$	$2 \times 5 = 10$	$1 \times 3 = 3$	$15 + 10 + 3 = 28$
<b>FSM</b>	$3 \times 3 = 9$	$2 \times 4 = 8$	$1 \times 5 = 5$	$9 + 8 + 5 = 22$
<b>MSF</b>	$3 \times 2 = 6$	$2 \times 1 = 2$	$1 \times 4 = 4$	$6 + 2 + 4 = 12$
<b>IDU</b>	$3 \times 4 = 12$	$2 \times 2 = 4$	$1 \times 2 = 2$	$12 + 4 + 2 = 18$
<b>TG</b>	$3 \times 1 = 3$	$2 \times 3 = 6$	$1 \times 1 = 1$	$3 + 6 + 1 = 10$

Score the target populations by multiplying the rank by the weight for each factor, and adding all scores for each population across each row. As in the previous step, the populations will be listed in the first column, and the factors will be listed across the first row. The last column will contain the final total score for each population. If the table below does not accommodate your needs, create a larger table.

	<b><i>Factor A</i></b>	<b><i>Factor B</i></b>	<b><i>Factor C</i></b>	<b><i>Factor D</i></b>	<b><i>Etc.</i></b>
<b><i>Population 1</i></b>					
<b><i>Population 2</i></b>					
<b><i>Population 3</i></b>					
<b><i>Population 4</i></b>					
<b><i>Etc.</i></b>					

(Weight X Factor)

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**X. Step Ten: Ranking Target and Special Populations**

- A)** Now you're ready to rank the target and special populations, each still having combined HIV+ and HIV- subpopulations. Based on each target population's total score in the previous step, and on the special populations you selected in Step Seven, if any, rank the groups from highest to lowest. Among the target populations the group with the highest score is the top priority. When ranking the special populations and the target populations here, you may want to consider the size of the special population to help you determine where it should be placed on the list.

Groups rated from highest priority to lowest, with HIV+ and HIV- subpopulations still combined:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

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- B)** Based on the data you have, are there any racial/ethnic/rural/etc. subpopulations *within* any of the prioritized populations listed above that should be prioritized *within* that population? (Note: consider risk factors, as well as existing resources and gaps in resources.) List the prioritized populations in the same order as in (X) A above, adding priority subpopulations for each, if any.

1. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

2. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

3. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

4. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

5. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

6. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

7. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

8. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

9. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

10. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

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**XI. Step Eleven: Separating Out HIV+ Subpopulations for First Priority**

- **Split the HIV+ subpopulation out from each prioritized target population listed in Step X A. Combine all HIV+ subpopulations into one group to be the highest priority population. This PLWH/A group, combining HIV+ subpopulations from all target populations will be the first priority on your final prioritized list of populations, according to CDC requirements.**
  - **Then list the HIV- target groups, in the same priority order that you ranked them in Step X A. These will comprise the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, etc. priorities on your list, after the HIV+ 1<sup>st</sup> priority group.**
- A)** And now the final step! Rank each HIV+ subpopulation in the same order as the initial ranking of the combined HIV+/HIV- populations that you did in Step 11A, including any priority racial/ethnic/rural/etc. subpopulations you have selected.

**HIV+ subpopulations – 1<sup>st</sup> Priority**

- 1a. \_\_\_\_\_  
    priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_
- 1b. \_\_\_\_\_  
    priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_
- 1c. \_\_\_\_\_  
    priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_
- 1d. \_\_\_\_\_  
    priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_
- 1e. \_\_\_\_\_  
    priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_
- 1f. \_\_\_\_\_  
    priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_
- 1g. \_\_\_\_\_  
    priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

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1h. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

1i. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

1j. \_\_\_\_\_

priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

**B) HIV- subpopulations**

2. \_\_\_\_\_ priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

3. \_\_\_\_\_ priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

4. \_\_\_\_\_ priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

5. \_\_\_\_\_ priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

6. \_\_\_\_\_ priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

7. \_\_\_\_\_ priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

8. \_\_\_\_\_ priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

9. \_\_\_\_\_ priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

10. \_\_\_\_\_ priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

11. \_\_\_\_\_ priority racial/ethnic/rural/other subpopulation: \_\_\_\_\_

**Congratulations! With the lists of prioritized populations ABOVE, you now  
have your Priority List of Populations for your Comprehensive HIV Prevention  
Plan.**

# **KHPAC Prioritization Tool: Selecting Target Populations and Setting Priorities Using Factors, Rates and Weights**

## **KEY/DEFINITIONS**

### **Selecting target populations:**

- BRG – Behavioral Risk Group: these are target populations that are defined based on the behavior/s that increase their risk of exposure to/transmission of HIV/AIDS
- MSM – Men who have sex with men
- IDU – Injection drug user
- HET – Heterosexual

### **Data sources:**

- CSA – Community Services Assessment
- Epi Profile – Epidemiologic Profile

### **Prioritizing Populations:**

- Factor* – A piece of information that indicates HIV risk, such as condom use.
- Weight* – Each factor can be assigned a weight, based on its relevance to HIV prevention. For example, if two factors are “new AIDS cases (incidence)” and “syphilis”, “incidence” would probably have a higher weight because it is a stronger indicator of the presence of HIV than is “syphilis.”
- Rate* – Each factor is rated or ranked on a scale of 1 through 5, with 5 being high and 1 being low. For example, if men who have sex with men (MSM) is one of the target populations and “new AIDS cases (incidence)” is one of the factors, you would look to see whether MSM have high (5) or low (1) number of new AIDS cases compared with the other target populations. The number you assign would be that factor’s rate in the target population in question.
- Score* – The score for each population is obtained by multiplying the rate/rank times the weight for each factor, then adding up all scores for each population.

**Table 1: HIV/AIDS in 13-19 Age group , 2005-2009**

Year	Frequency	Percent	Cumulative Frequency	Cumulative Percent
2005	12	13.19	12	13.19
2006	9	9.89	21	23.08
2007	28	30.77	49	53.85
2008	22	24.18	71	78.02
2009	20	21.98	91	100.00

Sex	Frequency	Percent	Cumulative Frequency	Cumulative Percent
FEMALE	20	21.98	20	21.98
MALE	71	78.02	91	100.00

Race	Frequency	Percent	Cumulative Frequency	Cumulative Percent
HISPANIC, ALL RACES	4	4.40	4	4.40
NOT HISPANIC, BLACK	56	61.54	60	65.93
NOT HISPANIC, WHITE	23	25.27	83	91.21
OTHER	6	6.59	89	97.80
UNKNOWN	2	2.20	91	100.00

Mode	Frequency	Percent	Cumulative Frequency	Cumulative Percent
ADULT NO RISK REPORTED	25	27.47	25	27.47
HETEROSEXUAL	7	7.69	32	35.16
IDU	2	2.20	34	37.36
MSM	57	62.64	91	100.00

Vital status				
Vital Status	Frequency	Percent	Cumulative Frequency	Cumulative Percent
(1)Alive	89	97.80	89	97.80
(2)Dead	2	2.20	91	100.00

Disease progression (diagnosis date)				
Disease category	Frequency	Percent	Cumulative Frequency	Cumulative Percent
(1)HIV only	81	89.01	81	89.01
(2)HIV and later AIDS	5	5.49	86	94.51
(3)HIV and AIDS diagnosed simultaneously	5	5.49	91	100.00



**Table 2: HIV/AIDS among MSM aged 13-19, 2005-2009**

<b>Year</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>2005</b>	9	15.79	9	15.79
<b>2006</b>	5	8.77	14	24.56
<b>2007</b>	18	31.58	32	56.14
<b>2008</b>	14	24.56	46	80.70
<b>2009</b>	11	19.30	57	100.00

<b>Race</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>HISPANIC, ALL RACES</b>	1	1.75	1	1.75
<b>NOT HISPANIC, BLACK</b>	40	70.18	41	71.93
<b>NOT HISPANIC, WHITE</b>	12	21.05	53	92.98
<b>OTHER</b>	4	7.02	57	100.00

**Table 3: HIV/AIDS among Black MSM aged 13-19 , 2005-2009**

Year	Frequency	Percent	Cumulative Frequency	Cumulative Percent
2005	4	10.00	4	10.00
2006	4	10.00	8	20.00
2007	12	30.00	20	50.00
2008	10	25.00	30	75.00
2009	10	25.00	40	100.00

Vital status				
Vital Status	Frequency	Percent	Cumulative Frequency	Cumulative Percent
(1)Alive	38	95.00	38	95.00
(2)Dead	2	5.00	40	100.00

Disease progression (diagnosis date)				
Disease Category	Frequency	Percent	Cumulative Frequency	Cumulative Percent
(1)HIV only	32	80.00	32	80.00
(2)HIV and later AIDS	4	10.00	36	90.00
(3)HIV and AIDS diagnosed simultaneously	4	10.00	40	100.00

## SECTION

# 4

## 2009 Priority Populations

# WHAT ARE THE PRIORITY POPULATIONS FOR HIV PREVENTION?

## ORDER OF PRIORITY POPULATIONS

At the April 5, 2009 Technical Assistance training was provided by the United States Mexico Border Health Association, USMBHA to KHPAC. A new prioritization tool was presented for review and approval by KHPAC. A special workgroup had been assigned to work with USMBHA to tailor the tool to Kentucky's needs.

On June 1, 2009 the epidemiologic data, Needs Assessments, the Statewide Coordinated, Statement of Need were shared with the members for review.

On July 23, 2009 KHPAC prioritized the populations using the new adopted tool. The Epidemiologists presented the Epidemiologic Profile, detailing the contents. Based on the Epidemiologic Profile and qualitative data, KHPAC members prioritized the target populations.

Per CDC's Advancing HIV Prevention Initiative, those living with HIV are prioritized as the highest target population. The major change in prioritization for 2009 was the removal of Mothers at Risk for Perinatal HIV Transmission, (MARP) due to insufficient data.

### Explanation of the Prioritization Tool

Below are the current tools that Kentucky uses to prioritize populations. It is a two step process; labeled Step I and Step II respectively. In Step 1, factors chosen for prioritization are fairly self-explanatory except for "Riskiness of Population Behavior." In this category, points were assigned relative to the most typical risk behavior in each target population. For populations that practice multiple risk behaviors, the highest risk behavior in which they participate was used. For instance, while MSM/IDU participate in injecting drugs, receptive anal intercourse, and insertive anal intercourse, the highest risk behavior is regarded to be injecting drug use, which is assigned 5 points. The assigned multiplier would then be multiplied by this number in order to generate the final score for the specific factor. Scores for each factor were added together to obtain the final point totals for each risk population. The final point totals are listed within the table.

In step II the target populations are sub prioritized based on HIV incidence for 2007. The sub groups with the highest incidence (number of new cases) were assigned the highest rank within that behavior risk group.

## STEP I

### 2009 Target Populations Prioritization

FACTOR		Mult.	MSM	MSM/IDU	IDU	Heterosexual
<b>HIV Incidence (Number of New HIV Cases Diagnosed in 2007)</b>		<b>4</b>	<b>4</b>  <b>4x4 = 16</b>  (N=157)	<b>1</b>  <b>1x4 = 4</b>  (N=5)	<b>1</b>  <b>1x4 = 4</b>  (N=28)	<b>2</b>  <b>2x4 = 8</b>  (N=55)
5 points	>201					
4 points	151-200					
3 points	101-150					
2 points	51-100					
1 point	1-50					
0 points	0					
<b>AIDS Prevalence (Number of Living AIDS Cases as of 12/31/08)</b>		<b>3</b>	<b>5</b>  <b>5x3 = 15</b>  (N=1399)	<b>1</b>  <b>1x3 = 3</b>  (N=145)	<b>3</b>  <b>3x3 = 9</b>  (N=356)	<b>4</b>  <b>4x3 = 12</b>  (N=498)
5 points	>601					
4 points	451-600					
3 points	301-450					
2 points	151-300					
1 point	1-150					
0 points	0					
<b>Percent HIV Seropositivity at Counseling and Testing Sites in 2006</b>		<b>2</b>	<b>4</b>  <b>4x2 = 8</b>  (5%)	<b>3</b>  <b>3x2 = 6</b>  (4%)	<b>1</b>  <b>2x1 = 2</b>  (<1%)	<b>1</b>  <b>1x3 = 3</b>  (<1%)
4 points	HIV seropositivity greater than or equal to 5%					
3 points	HIV seropositivity greater than or equal to 2%					
2 points	HIV seropositivity greater than or equal to 1%					
1 point	HIV seropositivity greater than or equal to <1%					
<b>Riskiness of Population Behavior (Highest Risk Factor)</b>		<b>1</b>	<b>4</b>  <b>4x1 = 4</b>	<b>5</b>  <b>5x1 = 5</b>	<b>5</b>  <b>5x1 = 5</b>	<b>3</b>  <b>3x1 = 3</b>
5 points	Injecting Drug Use					
4 points	Receptive Anal Intercourse					
3 points	Receptive Vaginal Intercourse					
2 points	Insertive Anal Intercourse					
1 point	Insertive Vaginal Intercourse					
<b>TOTAL</b>			<b>43</b>	<b>18</b>	<b>20</b>	<b>26</b>
<b>RANK</b>			<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>

## **2009 Target Population Sub –Prioritization**

### **STEP II**

#### **1. HIV +**

<b>BRG</b>	<b>Race</b>	<b>Age</b>	<b>Sex</b>
MSM	White	30 – 49	Male
MSM	Black	20 – 29	Male
MSM	Black	30 – 39	Male
MSM	White	20 – 29	Male
MSM	Black	13 – 19	Male
MSM	Hispanic	All	Male
HRH	Black	All	Female
HRH	White	All	Female
HRH	Hispanic	All	Female/Male
IDU	White	All	Female/Male
IDU	Black	All	Female/Male
MSM/IDU	Black/White/Hisp.	All	All

#### **2. HIV -**

<b>BRG</b>	<b>Race</b>	<b>Age</b>	<b>Sex</b>
MSM	White	30 – 49	Male
MSM	Black	20 – 29	Male
MSM	Black	30 – 39	Male
MSM	White	20 – 29	Male
MSM	Black	13 – 19	Male
MSM	Hispanic	All	Male
HRH	Black	All	Female
HRH	White	All	Female
HRH	Hispanic	All	Female/Male
IDU	White	All	Female/Male
IDU	Black	All	Female/Male
MSM/IDU	Black/White/Hisp.	All	All

## **The Interventions were Prioritized as Follows:**

KHPAC opted to keep the interventions from 2008 with a few changes –

- Include Popular Opinion Leader, POL.
- State coordinators to find additional MSM interventions
- State coordinators to look for alternative intervention to Safety Counts

### **(1) HIV+**

Health Relationships  
CRCS (PCM)

### **(2) MSM**

Many Men, Many Voices  
CRCS  
Outreach  
Counseling and Testing  
(CTS)  
POL  
D Up – adaptation for black  
MSM

### **(3) HRH**

SISTA  
CRCS  
Outreach  
CTS

### **(4) IDU**

Safety Counts  
CRCS  
Outreach  
CTS

### **(5) MSM/IDU**

Safety Counts  
Many Men, Many Voices  
CRCS  
Outreach  
CTS

## **Special Populations**

KHPAC (Community Planning Group) also designated certain populations as “Special Populations”, this group consists of target populations which the available data does not support, but KHPAC recognizes a need to provide interventions as resources allow .

### **1. Transgender**

- Identify areas with high incidence of transgender populations
- Adapt interventions to target transgender populations

### **2. Immigrants**

- Collaborate with pertinent stakeholders to explore the feasibility of expanding services to immigrant populations.
  - Set up meetings with the stakeholders
  - Identify the needs and set up plans to implement

### **3. Exiting Inmates – Population targeted via Discharge Planning program**

- Discharge planning program is in place at facility housing the highest number of HIV inmates in the state

### **4. Undetermined (mode of transmission) – Goal is to capture risk factor information**

- Targeted provider education information to improve risk factor reporting
- Analyze data to identify providers that are not capturing risk factor information and in turn provide technical assistance on risk factor reporting